

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

Daniel Jose Garcia

Write the full name of each plaintiff.

No. \_\_\_\_\_

(To be filled out by Clerk's Office)

-against-

Officer Jinger Shield # 827  
From NYPD 115 Precinct. QNYC

**COMPLAINT**

(Prisoner)

Do you want a jury trial?

☒ Yes ☐ No

Write the full name of each defendant. If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed above must be identical to those contained in Section IV.

**NOTICE**

The public can access electronic court files. For privacy and security reasons, papers filed with the court should therefore *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number. See Federal Rule of Civil Procedure 5.2.

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**I. LEGAL BASIS FOR CLAIM**

State below the federal legal basis for your claim, if known. This form is designed primarily for prisoners challenging the constitutionality of their conditions of confinement; those claims are often brought under 42 U.S.C. § 1983 (against state, county, or municipal defendants) or in a "Bivens" action (against federal defendants).

☒ Violation of my federal constitutional rights

☐ Other: \_\_\_\_\_

**II. PLAINTIFF INFORMATION**

Each plaintiff must provide the following information. Attach additional pages if necessary.

Daniel Jose Learda  
First Name Middle Initial Last Name

Daniel Fernandoz Almighaty

State any other names (or different forms of your name) you have ever used, including any name you have used in previously filing a lawsuit.

BP. 4412308401 CR. 029976-23QN

Prisoner ID # (if you have previously been in another agency's custody, please specify each agency and the ID number (such as your DIN or NYSID) under which you were held)

OTIS BATUM (Q366) 1600 Hazen St.  
Current Place of Detention

Queens East Elmhurst  
Institutional Address

Queens County NYC NY 11370  
County, City State Zip Code

**III. PRISONER STATUS**

Indicate below whether you are a prisoner or other confined person:

☒ Pretrial detainee

☐ Civilly committed detainee

☐ Immigration detainee

☐ Convicted and sentenced prisoner

☒ Other: UNWANTING DISMISSED ON OTHER'S CASES

**IV. DEFENDANT INFORMATION**

To the best of your ability, provide the following information for each defendant. If the correct information is not provided, it could delay or prevent service of the complaint on the defendant. Make sure that the defendants listed below are identical to those listed in the caption. Attach additional pages as necessary.

Defendant 1:

*N/A (Mde) Singer* *827* *↓ Ben Hg 1*  
 First Name Last Name Shield #  
*NYPD* *115* *Heaven Officer*  
 Current Job Title (or other identifying information)  
*92 Street Northern Boulevard*  
 Current Work Address  
*Queens NYC* *NY* *11372*  
 County, City State Zip Code

Defendant 2:

*HENDS LADY W/ Officer (NA)*  
 First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

Defendant 3:

*Persuim* *14111*  
 County, City State Zip Code  
*Persuim* *Officer* *(NA)*  
 First Name Last Name Shield #  
 Current Job Title (or other identifying information)  
 Current Work Address

County, City State Zip Code

Defendant 4:

First Name Last Name Shield #

Current Job Title (or other identifying information)

Current Work Address

County, City State Zip Code

## V. STATEMENT OF CLAIM

Place(s) of occurrence: 94 Street After 34 Avenue going to 35 Ave

Date(s) of occurrence: Oct 12, 2023 app 8:45 am

## FACTS:

State here briefly the FACTS that support your case. Describe what happened, how you were harmed, and how each defendant was personally involved in the alleged wrongful actions. Attach additional pages as necessary.

On App 8:45 am on Oct, 12, 23 Officer Singer Shada # 827 Assaulted By Kennedy without proper interrogation or questioning by opening the van door on the corner of 94th of Queens 35 Ave Jackson Heights and wrestled with me by me holding afraid for my life, when I was holding on the wheel of the steering and feet outside cause I didn't do nothing, and the officer suspended excessive force by pulling my hair on my head and slamming my head at the same time pulling on my wrist by nose on the wheel of the steering inside the van, compressing my nose and possibly injuring it. Because I never felt a bump on the middle upper near my nose. I had a prefer not to get Arrest with rights being read. He harm my nose and possibly broke it, and put cuffs tight on me twice, on Van, and the booking Queens on Oct 14 23 for app 4 hours on my back on the holding pris.

There was a Hindi Indian short lady officer  
there as well trying to harass me as well out  
the Van of Is.

#### INJURIES:

If you were injured as a result of these actions, describe your injuries and what medical treatment, if any, you required and received.

Pain Medication Tyronel (Acet.) Oct. 18. 23  
Also X-ray West Facility Prison Oct 25-23  
For Nose &

#### VI. RELIEF

State briefly what money damages or other relief you want the court to order.

I want 30 million Dollars; The officer  
827 Sosa to be apprenite for misconduct  
of official abuse of a citizen of USA.  
By relieving of his badge as well never again  
be arrested, or Arrest and & or Arresting  
Plus order protection from Mr Pinger 827

**VII. PLAINTIFF'S CERTIFICATION AND WARNINGS**

By signing below, I certify to the best of my knowledge, information, and belief that: (1) the complaint is not being presented for an improper purpose (such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation); (2) the claims are supported by existing law or by a nonfrivolous argument to change existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Federal Rule of Civil Procedure 11.

I understand that if I file three or more cases while I am a prisoner that are dismissed as frivolous, malicious, or for failure to state a claim, I may be denied *in forma pauperis* status in future cases.

I also understand that prisoners must exhaust administrative procedures before filing an action in federal court about prison conditions, 42 U.S.C. § 1997e(a), and that my case may be dismissed if I have not exhausted administrative remedies as required.

I agree to provide the Clerk's Office with any changes to my address. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Each Plaintiff must sign and date the complaint. Attach additional pages if necessary. If seeking to proceed without prepayment of fees, each plaintiff must also submit an IFP application.

10-25-2023  
 Dated: Daniel Jo. Georgis  
 First Name Middle Initial Last Name  
1600 Hazen St OBCC  
 Prison Address  
Queens, NYC NY 11378  
 County, City State Zip Code

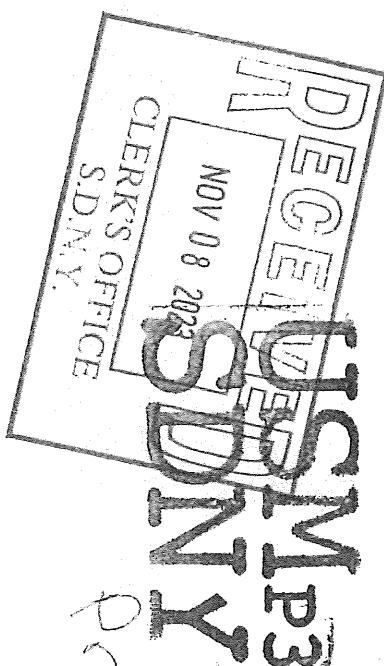
Date on which I am delivering this complaint to prison authorities for mailing: 10/25/23



*12*

*100 W 42nd St East Elmhurst  
NY 11370*

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NY 11370*



**USMP3**  
**SDNY**

*pro se  
(R)  
New York  
100 W 42nd St  
East Elmhurst  
NY 11370*

RDC 99



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